

**Issue Classification**

**NONE**

\_\_\_\_\_  
(Assistant Examiner) (Date)

\_\_\_\_\_  
(Legal Instruments Examiner) (Date)

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant										<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47		
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	2		22	32			62			122			152			182
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3	5		25	35			65			125			155			185
4	6		26	36			66			126			156			186
5	7		27	37			67			127			157			187
6	8		28	38			68			128			158			188
	9		29	39			69			129			159			189
7	10		30	40			70			130			160			190
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14	17			47			77			137			167			197
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16	19			49			79			139			169			199
17	20			50			80			140			170			200
18	21			51			81			141			171			201
	22			52			82			142			172			202
	23			53			83			143			173			203
	24			54			84			144			174			204
	25			55			85			145			175			205
	26			56			86			146			176			206
	27			57			87			147			177			207
	28			58			88			148			178			208
19	29			59			89			149			179			209
20	30			60			90			150			180			210